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FAX TRANSMISSION**DATE:** April 5, 2007**PTO IDENTIFIER:** Application Number 10/820,099-Conf. #8281
Patent Number**Inventor:** Simon McEwen**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Melissa Hunter-Ensor, Ph.D.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 61190(50221)**PAGES (Including Cover Sheet):** 25**CONTENTS:** Certificate of Transmission (1 page)
Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Fee Transmittal (1 page)
Response to Restriction Requirement (3 pages)
Information Disclosure Statement (2 pages)
IDS by Applicant (1 reference) (1 page)
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PTO/SB/97 (09-06)

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Application No. (if known): 10/820,099

Attorney Docket No.: 61190(50221)

Certificate of Transmission under 37 CFR 1.8

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on April 5, 2007
Date


Signature

Melissa Altman

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Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Fee Transmittal (1 page)
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Docket No.: 61190(50221)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Simon McEwen

Application No.: 10/820,099

Confirmation No.: 8281

Filed: April 7, 2004

Art Unit: 1651

For: THERAPEUTIC COMPOSITION FOR
AUTOIMMUNE CONDITIONS

Examiner: L. B. Lankford

REQUEST FOR EXTENSION OF TIME

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions for a five month extension of time to and including April 5, 2007 to respond to the Office Action mailed October 5, 2006.

This petition is being filed in order to ensure copendency with application being filed concurrently herewith.

In the event that a further petition for an extension of time is required to be submitted at this time, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Please charge our Deposit Account No. 04-1105 in the amount of \$1,080.00 covering the fee set forth in 37 CFR 1.17(a)(5). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been

Application No.: 10/820,099

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Docket No.: 61190(50221)

filed herewith (or with any paper hereafter filed in this application by this firm) to our
Deposit Account No. 04-1105, under Order No. 61190(50221).

Dated: April 5, 2007

Respectfully submitted,

By 

Melissa Hunter-Ensor, Ph.D.

Registration No.: 55,289

EDWARDS ANGELL PALMER & DODGE
LLP

P.O. Box 55874

Boston, Massachusetts 02205

(617) 439-4444

Attorneys/Agents For Applicant

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APR 05 2007

PTO/SB/17 (07-06)


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<p align="center"><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p align="center">FEE TRANSMITTAL For FY 2006</p>		<p align="center">Complete if Known</p>	
		Application Number	10/820,099-Conf. #8281
		Filing Date	April 7, 2004
		First Named Inventor	Simon McEwen
		Examiner Name	L. B. Lankford
		Art Unit	1651
		Attorney Docket No.	61190(50221)
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,080.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
							<u>Small Entity</u>	
							<u>Fee (\$)</u>	
2. EXCESS CLAIM FEES							<u>Fee (\$)</u>	
<u>Fee Description</u>							<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
							180	
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u>	
- 20 = _____ x _____ = _____							<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
- 3 = _____ x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
- 100 = _____	/50	_____	(round up to a whole number) x _____	= _____				
							<u>Fees Paid (\$)</u>	
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2255 Extension for response within fifth month								
							1,080.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	55,289
Name (Print/Type)	Melissa Hunter-Ensor, Ph.D.	Telephone	(617) 439-4444
		Date	April 5, 2007